

## PedsCases Podcast Scripts

This is a text version of a podcast from [Pedscases.com](http://Pedscases.com) on "[Social History](#)." These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at [www.pedscases.com/podcasts](http://www.pedscases.com/podcasts).

### **Social History**

Developed by Laura Kerr and Dr. Sarah Gander for PedsCases.com.  
February 19, 2017

#### Part 1: Introduction

Hello, my name is Laura Kerr, a medical student at Dalhousie University at the New Brunswick campus, which is located in Saint John. This podcast was reviewed by Dr. Sarah Gander, a General Pediatrician at the Saint John Regional Hospital. Saint John is one of the cities in Canada with the highest rates of children living in poverty; 1 in 3 children throughout the city live in families with financial stresses, and in some areas of the city the rates are as high as 1 in 2. Today's podcast is part one in a two part series detailing how to take a social history for children. We've all heard of a social history. It's brought up in clinical skills, and often feels like an afterthought, tacked onto the end of the interview. We quickly ask about whether someone smokes in the home, who the child lives with, and what mom and dad do for work. While these are good and important questions, they are just scratching the surface of what there is to learn, and fail to access the all-important why and how these factors are relevant to the issue at hand. A social history has the potential to give a detailed view of the child's life, and provide direction and possible context for the presenting illness that you are working to unravel.

After listening to this podcast, the learner will be able to:

- 1) Recognize the importance and value of taking a robust social history
- 2) Conduct a detailed social history using the framework of the ITHHELLPS mnemonic to explore Income, Transportation, Housing, Education, Legal Status/immigration, Literacy and Personal Safety.
- 3) Identify strategies to intervene for families identified as having social challenges

Our focus in part 1 will be on recognizing the importance of a social history, and exploring the first four points of our mnemonic: income, transportation, housing and education. In part 2, we will be discussing the remainder of our mnemonic – legal status and immigration, literacy and personal safety, and concluding with discussing practical strategies for intervening when it is discovered that a family is struggling.

Let's start with a clinical case:

Ella is a 6 year old girl who presents to the office with symptoms of inattention and behaviour issues at school. Her teachers feel she should be on medication but her father feels this is unnecessary. She is unable to complete her work, is unkempt and dirty at school and will often have urinary incontinence in the daytime. Her peers bully her and the teacher is not sure she will meet the academic outcomes for the year despite literacy and math help from the resource teacher. She has not been placed on the list for a psycho-educational assessment because the

teachers believe the problem is attention deficit hyperactivity disorder, or ADHD, and the family should see a doctor.

We know that social circumstances influence health and development. Consider the heat or eat, “trade-off” phenomenon, whereby during the winter, low income families may divert financial resources to heating the house rather than food. This could result in children experiencing impaired growth and nutrition during the cold seasons. These socioeconomic factors affect access to healthcare, ability to practice healthy behaviours, and long-term physiological changes associated with chronically high stress levels. It is important that in our role as medical students, and soon to be physicians, that we learn to effectively find these links so that we are able to mitigate them to the best of our ability. As you go through a social history, it is important to address the basic needs of a child – nutritious food, secure housing, personal safety, health care access, and education. These are foundational for health, and need to be addressed in order for your medical interventions to have a meaningful effect.

Back to our case: During the visit, it was noted that Ella did not make eye contact and was underweight. Dad carried an extra large coffee and was fidgety. Mom was present but mostly quiet and spoke only French. When asked about whether the family had trouble making ends meet, they replied “yes” and in fact bought one pizza on pay day that lasted the whole week and relied otherwise on the breakfast and lunch programs at Ella’s school. They had never been to a food bank. Neither parent works consistently as mom does not speak fluent English and Dad has self-diagnosed ADHD and aggression issues. He has been fired from many jobs for being late or not following orders. On further safety questioning, it was suspected that a child care provider from the year prior had sexually assaulted Ella but this concern was not disclosed or investigated by police. Ella’s father said he did not report the concern to police because of fear that Ella would be apprehended by Child Welfare/Children Services.

## ITHELLPS

When considering what to include in a social history, think about children’s basic needs. A good place to start is the mnemonic laid out by AR Green in 2002 and expanded on by Dr. Elizabeth Lee Ford Jones [1] – ITHELLPS which stands for Income, including household income, access to nutritious food, a discussion about taxes, and the ability to pay for medications; Transportation, Housing; Education, including how the child is doing at school, in addition to how the child feels about school; Legal Status/immigration of the parents and family, including both new arrivals in the country, and any difficulties with the law that the family may be facing; Literacy of both the parents and the children; and Personal Safety, including any issues with abuse of the children and any problems with domestic violence. Asking questions about these topics will allow you to have a full view of a child’s social context so that appropriate interventions can be formulated. Now we will look at each of these topics individually to learn about why they are each important, and how to effectively ask questions to get meaningful answers.

### Income

The I in our mnemonic, ITHELLPS stands for income. A good job, adequate income and responsible money handling skills are essential foundations for many determinants of health. Begin by asking about the parent or guardian’s current work situation, but be careful not to make assumptions about finances based on the parent’s job. For example, someone could have a job you interpret as high-paying but if the parents lack responsibility in managing finances, the family could still be in crisis. It is unnecessary to ask for income specifics; a better question is to ask “do you ever have trouble making ends meet at the end of the month,” or at the end of the pay check, or “do you ever have trouble stretching your paycheck to the end of the month”.

These questions are sensitive for financial insecurity; that is, if someone tells you that they do not have difficulty making ends meet, you can be reasonably confident that their financial situation is secure.

Individuals with access to adequate income usually also have better access to healthy food, so this is a good time to address food questions. Where good quality fresh food is often associated with high prices, low income families often resort to food that is overly processed and lacking in nutrients. Low income communities have a high risk of obesity, diabetes and other issues such as constipation, headaches, and poor sleep [2]. Additionally, poor quality food can result in poor school performance, as inadequate nutrition, or not having enough to eat for breakfast will make it difficult to concentrate and learn. Children with access to healthy food will grow more appropriately; have fewer dietary health issues, and fewer health issues that will manifest in adulthood such as: obesity, type 2 diabetes and high cholesterol. Good questions to ask include finding out about a typical diet for the family – what would be a typical day of meals for them? Also find out where they access food from – are they able to go to a grocery store or a market near their home? Do they visit a food bank? Or does it come from somewhere else? Finding out where food is coming from can reveal many challenges that are lurking beneath the surface. Lastly, find out whether there is enough food for everyone, by simply asking whether there has ever been a time when there was not enough to eat.

Additionally, ask about whether the family has been filing their taxes and receiving benefits to which they are entitled, such as the Child Tax Benefits or the new Canada Child Benefit. Let's talk about how these benefits could help a family. In Ella's case, neither parents have consistent work, so let's estimate their annual household income at approximately \$24,000. If Ella, who is 6, has a 10 year old brother and a two year old sister, this family will be eligible for a tax free benefit of approximately \$1430 per month in Canada – annually that is \$17,200 which is almost doubling their household income! These additional benefits can be life-changing for families in crisis. Make families aware of these benefits, and when needed direct them to agencies who will help them to access this support if they are unable to do so without assistance [3].

Next, inquire about a prescription drug program or provincial health card. In New Brunswick, individuals on Social Assistance have access to a drug card for coverage. Asking about drug coverage can reveal much about the home situation, and keep you mindful that the treatment options may be limited depending on families resources and what is covered. If the patient does have a drug plan, be sure to ask about whether they can afford to pay for the deductible or upfront costs. A group that can be more difficult to identify is the working poor, who have some coverage, but cannot afford the upfront costs to be reimbursed later, making them effectively unable to access the medications and healthcare services they need. An effective way to get this information is to ask "do you have trouble paying for medications?"

### Transportation

Another important area to explore is transportation. Does this family have a reliable source of transportation? Mobility is important as it affects the parents/guardians ability to bring home groceries (try carrying a 2kg bag of rice or a 10kg bag of flour for 30 minutes!), to commute to work dependably, for children to participate in activities, or to arrive on time for appointments. What is their mode of transportation – car, bus, train, bike, or walking? If they have a car, can they consistently afford gas, or if they use public transportation, can they consistently afford tickets? On the other hand, if their sole form of transportation is walking consider where they live and what limitations this will cause – how close are they to a grocery store or a food bank, or the office where you are working? Are these accessible? Will they be able to get to the hospital if there is an emergency? While transportation may seem less significant than other areas of need

to be discussed, lack of access to reliable transportation often leads to poorer management of chronic disease and worse health outcomes [4].

### Housing

The next area to discuss is housing. Appropriate housing is important for a variety of reasons. Substandard housing is associated with asthma exacerbations, increased risk of injuries, respiratory infections and mental health challenges [5]. Beyond that, safe and stable housing that is warm and clean provides a sense of security to a child. Security and stability can also be impacted by the neighbourhood in which their home is found; are the children able to walk the streets safely, or play outside to get exercise? The psychological stressors that result from lacking this basic security and predictability can profoundly affect mental health, resulting in long-term problems. Constant moves prevent continuity in a child's education and the ability to socialize with other children [6]. Simply ask, "do you have a safe and clean place to live?" Next, find out about the parent's ability to pay utility bills to meet their family's needs. Are they able to pay their heat and electricity bill, or do they spend the winters in the cold and the nights in the dark? Are they able to pay their telephone bill, or does their number constantly change as they go from plan to plan – making it hard for you to get in touch for their next appointment? These are important questions, both because they give insight into the stability at home, but also because it will affect the care you are able to provide.

### Education

Education is a common topic in the pediatric history and is tightly linked to the social history. Education is key to good health. More highly educated individuals have lower morbidity from both acute and chronic conditions. They are more likely to practice good health behaviours, such as not smoking, good dental hygiene and healthy eating. Both physical and mental health tend to be better in those who are more highly educated [7]. Infant mortality rates are substantially higher amongst lower educated mothers. Students with higher success rates at school are shown to have lower rates of teenage pregnancy [8]. We all know that more years of education is correlated with better employment and income, so encourage children to work hard, and help put in place systems that will allow them to succeed. But remember, in doing so, we are asking them to overcome barriers, most of us have not had to. Asking them to succeed with few role models is difficult.

Talking about school is a great opportunity to include the child in the conversation – ask what grade they are in, and consider whether this is an appropriate grade for their age; if there is a discrepancy, find out why from the parents. Ask the child what they like and don't like about school, and why. You might find out that they don't like to read because they struggle and find it embarrassing, or that they always perform poorly on math tests. If you identify difficulties, find out why they are struggling and if they are getting the help they need. Do they need a tutor that is not available, or cannot afford? Is a problem at home preventing them from focusing in class? Do they get breakfast every morning? Are they falling asleep in class because mom works the night shift and they're too scared to sleep when alone? At the same time, celebrate their successes and encourage their interests – children are motivated to work hard when they feel their efforts are valuable! Find out about their friends at school; what do they like to do together, and whether the child is happy at school. If the child is below school age, ask about preschool, or other early childhood enrichment programs. Studies show that children that have the opportunity to attend preschool tend to be more successful when they enter grade school [9]. Is this available to the child you're speaking with, or do they stay home and not have the chance to play with children their own age? Additionally, ask about childcare arrangements after school or while parents and guardians work through the day.

Today we've discussed why a social history is relevant to our patients in a pediatric practice, and identified a strategy: the ITHELLPS mnemonic that we can use to do a thorough review of our patient's social situation. During this podcast, we have discussed the first four points: how to have a robust conversation about income, transportation, housing and education, and how these questions give insight into our patients lives. Please tune in for part 2 of this series to learn about the remainder of our mnemonic – legal status and immigration, literacy and personal safety as well as learning about what strategies we can use to intervene for struggling families. Thanks for listening!

## Part 2: Introduction

Hello, my name is Laura Kerr, a medical student at Dalhousie University at the New Brunswick campus, which is located in Saint John. This podcast was reviewed by Dr. Sarah Gander, a General Pediatrician at the Saint John Regional Hospital. Saint John is one of the cities in Canada with the highest rates of children living in poverty; 1 in 3 children throughout the city live in families with financial stresses, and in some areas of the city the rates are as high as 1 in 2. Today's podcast is part two in a two part series detailing how to take a social history for children.

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Our focus in part 1 was on recognizing the importance of a social history, and exploring the first four points of our mnemonic: income, transportation, housing and education. In part 2, we will be discussing the remainder of our mnemonic – legal status and immigration, literacy and personal safety, and concluding with discussing practical strategies for intervening when it is discovered that a family is struggling.

In part 1, we were introduced to Ella and her family. Ella presented to your office after concerns of ADHD were raised at school. You also learn that Ella has had episodes of daytime incontinence. While speaking to her, you have uncovered multiple psychosocial challenges – neither mom nor dad have a steady job, in fact dad thinks he may also have ADHD. They have trouble making ends meet, and have difficulty buying adequate food for the whole family. Mom does not speak English fluently. There have also been concerns raised that Ella may have experienced sexual abuse in the past.

Let's continue with our mnemonic now, starting with legal status and immigration.

### Legal Status and Immigration

Another important topic is legal and immigration status. Newcomers and refugees have unique health problems. For an effective interview, it is essential to have someone who is not a family member available to translate if there are language barriers. To properly assess the risks to their health, ask about the family's cultural background and what led them to arrive in Canada. Most new immigrants are physically healthy as they must pass a medical exam to be permitted entry but this may not be the case for refugees, who are protected from being denied entry due to non-communicable diseases [10]. Upon arrival immigrants and especially refugees often live in lower quality housing. In the wake of the Syrian refugees arriving in Canada, there have been reports of families with bed bug infestations in their new homes. New immigrants or refugees may face language barriers and cultural isolation, and in some cases racial profiling. Refugee families are the most at risk for certain health problems, including depression, and post traumatic stress disorder. Be on alert for signs of child maltreatment and intimate partner violence, as patients may come from countries or cultures where such practices are considered acceptable, but is not appropriate in Canada, or anywhere.

Dietary issues can arise due to abrupt diet changes. Screen for vision or dental problems, as treatment may not have been accessible in their former home. Ask about the challenges they are facing with their immigration or refugee status. In addition, it is important to educate yourself

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February 19, 2017

about the culture of the individual families in your practice so that they can feel socially safe and respected. Do not make assumptions about a families beliefs simply because they have arrived from a specific region in the world. Every family is unique. Empathize with their experiences to the best of your ability. Do your best to find someone who can help to conduct the encounter in your patient's family's language of choice. Taking the time to be compassionate to your patient's situation can go a long way, in addition to finding out from them how they are handling their arrival in a foreign country.

Finding out about any legal issues a child's parents or guardians are experiencing is also an important part of understanding a child's day to day life. The absence of a parent or parents from a child's life due to incarceration or estrangement can have a profound effect on mental health, social behaviour and education. These issues can arise from the emotional trauma that may occur from the parent's incarceration or their experiences leading up to it, and the difficulties that arise when the family unit is disrupted [11]. These are made worse by the social stigma that is often placed on a child who has a parent that is incarcerated.

Ask about social relationships and school. Financial hardship can be worsened by the loss of the incarcerated parent's income. Further, the child may permanently lose this parent, as their parental rights can be terminated if there is no hope for positive reunification. Keep in mind that a child with an incarcerated parent may also have other adverse childhood experiences, such as witnessing violence in their communities or their household, and exposure to drug and or alcohol abuse. Ask whether anyone in the family is experiencing legal difficulties, and be sensitive when asking about this topic.

### Literacy

The second L is for literacy, which pertains to both the parent and the child; studies show that there is an intimate link between the literacy skills of parents and children. A parent's literacy skills will impact their ability to find gainful employment and provide the necessities for their family, along with their ability to build these skills with their child. In terms of health, literacy is key; low literacy levels are associated with increased mortality, hospitalization, and poorer control of chronic health conditions [12] Health literature typically requires a Grade 10 reading level to understand its content [13]. Ask the parent if they are happy with how well they can read; if you identify that a parent has a lower literacy level recognize that you will need to spend more time with them explaining the child's treatment plan in order to allow for comprehension and adherence. Consider alternate strategies for explaining such as pictures, or writing the plan out using simplified words, and allow the parent time to repeat back what you have said to be sure they understand. Spend time asking about the child's reading; are they able to keep up with what is being read in class? Does the parent talk with them and read with them regularly? Knowing how to read is essential.

### Safety

Finally ask about personal safety. This is a chance to look for signs of inappropriate treatment of the child at home, school or in their activities; ask the child where they feel most safe and what adult they like to spend time with the most. If it's not at home, or the adult that they live with, consider why. It may be innocent – perhaps they like grandma's house best because she always bakes them cookies. However, it could be a cause for concern, so be sure to ask why if the answer is unusual or makes you uncomfortable. Watch for body language that suggests the child is uneasy, and keep an extra eye out for anything troubling on physical exam.

Additionally, ask about violence and safety in the home. Does the parent or guardian feel safe in their relationship, or have they ever feared for their security? Have they ever had to take out a restraining order? Remember that if you identify a child being abused it is the obligation of you

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and the physician you're working with to report this to the proper authority; this includes a child who is repeatedly witnessing violence against their parent or guardian. Many of the issues we have discussed are more common in low income populations, but this one is not. Child maltreatment and intimate partner violence cross socioeconomic barriers and should be a consideration for all patients, particularly in situations when their presenting complaint lacks a satisfactory physiological explanation.

### Conclusion

As you can see, many of these questions are relevant to our case; by using our mnemonic ITHHELLPS, we learned about the family's income, transportation, housing, education, literacy, legal problems and personal safety, some of which were able to give insight into Ella's challenges! There were also many questions surrounding the medical differential diagnosis of ADHD but in short the beginnings of treatment was to build rapport with the family and support them with their basic needs. The Department of Social Development was contacted for Family enhancement and support. They were given a list of local food banks and a drug card was arranged. The pediatrician met with the school to address bullying issues and hygienic behaviors including a change of clothes at school if there were accidents. She was placed on the list for a psychoeducational assessment. The parents were supported in having Ella go to school clean and fed with some financial support through the child tax benefit. Lastly, a mental health referral for the entire family was made and a support person accompanied them to the intake appointment to enhance support and information sharing to the mental health services.

These are all great topics to find out about, but often these questions go unasked. Why is that? There are a variety of reasons, including being uncomfortable asking questions. Most medical students and physicians have never experienced poverty, and it can be hard to ask about something in which we have no experience. These are not easy topics to discuss; we want to avoid making the patient uncomfortable, and in doing so, we remain ignorant of their life situation. We need to remember that when we do not find out about these crucial topics, we are unable to formulate a treatment plan that is reasonable and impactful for the family. We need to conduct a robust social history because their health depends on our identifying challenges and helping mitigate them so that medical interventions can be effective.

Physicians often do not like to explore issues in which they do not feel they can impact. Most medical students want to become doctors to help people and fix problems. We like medical problems because they can usually be fixed or at least controlled, with a medication or a surgery and are relatively easy compared to social issues. Truthfully, with social factors we often cannot fix the underlying problem. We cannot pay for patients' medication, or buy them food and a safe home. These problems are complicated and are difficult to tackle, so we often tend to avoid asking about them. But while we cannot fix the problem, we can help. Talk to your preceptor, and take the time to learn about resources in your area. When you identify a patient need, be their advocate in ways that they cannot. Help them to identify local food banks, to get help in school, to get in touch with legal aid services, to get access to medication coverage, and for newcomers put them in touch with multicultural groups in order to connect them to the community.

Take the time to become familiar with children and families who face these challenges everyday; become a tutor at a local elementary school, volunteer at the boys and girls club or big brothers big sisters and participate in programs through the multicultural association. Familiarity is necessary for compassion and empathy; and this will reflect as you build a relationship with the family.

Beyond being an advocate for your patient, be a community advocate. For example, ensure your office is in an accessible location and on a bus route. Participate in community programs, and promote lasting change by participating in advocacy that changes policy. For example, lobby for secure housing or improved access to nutritious food through government funded school lunch programs. Being an advocate for your patients and your community is a key CANMEDs role; these are actions you can take individually, as well as a role you should share with your current classmates and future colleagues. Most importantly, take the initiative to start the conversation, showing the patient that this is important to you and that you are willing to listen.

Currently Ella is thriving in school and has many friends. She is on ADHD medication after it was determined she had no comorbid learning disability and adequate nutrition did not improve her symptoms. The past concerns around sexual abuse were never fully investigated as no clear disclosure was made by Ella. There are no concerns with her current caregivers. She has been instructed about appropriate body boundaries. As a side note, her Dad was diagnosed with ADHD and placed on medication now affordable by the provincial Prescription Drug Program. He was able to secure and maintain a seasonal job and collect employment insurance in the winter. The mother has social anxiety but found a job at a French call centre and can work from home.

This concludes our PedsCases podcast. Let's finish by review a few key take-home points:

- 1) The ITHELLPS mnemonic is a valuable tool for pediatric social histories. It stands for the areas you should ask about: Income, Transportation, Housing, Education, Literacy, Legal/Immigration issues and Personal Safety. Begin with a broad question, such as "do you ever have trouble making ends meet at the end of the month," and build off of it. Not every child will require an inquiry into each specific area, but as you learn try to cover many of the topics however brief! You will develop a gestalt over time about which kids need some extra probing, and which kids are doing okay.
- 2) Being aware of resources in your area can go a long way to helping out families you meet in difficult social situations; while you will likely not be able solve the problem you can help mitigate some of their stressors by offering suggestions for where they can access help.
- 3) Taking a good social history takes a lot of practice and may be uncomfortable at first! Ask your preceptor to help you find opportunities to practice asking talking to children and families about difficult topics, and take opportunities to familiarize yourself with these communities to build empathy, understanding and compassion that will reflect when working with your patients!

Thanks for listening!